

<i>SERFF Tracking Number:</i>	<i>XLAM-125388250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Greenwich Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>07GD-XL-PL03-MU-AR-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Other Liability</i>		
<i>Project Name/Number:</i>	<i>Lawyers Professional Liability Rate & Form Filing/07GD-XL-PL02-MU-AR-F</i>		

Filing at a Glance

Company: Greenwich Insurance Company

Product Name: Other Liability

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Filing Type: Form

SERFF Tr Num: XLAM-125388250

SERFF Status: Closed

Co Tr Num: 07GD-XL-PL03-MU-
AR-F

Co Status:

Author: Trish Pollard

Date Submitted: 12/14/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Disposition Date: 12/17/2007

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Lawyers Professional Liability Rate & Form Filing

Project Number: 07GD-XL-PL02-MU-AR-F

Reference Organization:

Reference Title:

Filing Status Changed: 12/17/2007

State Status Changed: 12/17/2007

Corresponding Filing Tracking Number:

Filing Description:

We are filing revisions to the applications and supplements

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: XLAM-125388250 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$50
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Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Rate & Form Filing/07GD-XL-PL02-MU-AR-F

Patricia Pollard, Compliance Analyst
1201 N. Market Street
Wilmington, DE 19801

patricia.pollard@xlai.com
(302) 661-7010 [Phone]
(302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company
1201 North Market street
Suite 501
Wilmington, DE 19801
(866) 304-3079 ext. [Phone]

CoCode: 22322
Group Code: 1285

State of Domicile: Delaware
Company Type:

Group Name:
FEIN Number: 95-1479095

State ID Number:

SERFF Tracking Number: *XLAM-125388250* *State:* *Arkansas*
Filing Company: *Greenwich Insurance Company* *State Tracking Number:* *EFT \$50*
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Filing Fees

Fee Required? *Yes*
Fee Amount: *\$50.00*
Retaliatory? *No*
Fee Explanation:
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$50.00	12/14/2007	17114521

SERFF Tracking Number: *XLAM-125388250* *State:* *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/17/2007	12/17/2007

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Disposition

Disposition Date: 12/17/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125388250 State: Arkansas

Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$50

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Real Estate Supplement	Approved	Yes
Form	Estate/Trust Work Supplement	Approved	Yes
Form	Securities Supplement	Approved	Yes
Form	Professional Liability Insurance Renewal Application	Approved	Yes
Form	Copyrights/Patents/Trademark Supplement	Approved	Yes
Form	Collection Work Supplement	Approved	Yes
Form	Claims Supplement	Approved	Yes
Form	Plaintiff Supplement	Approved	Yes
Form	Outside Interest Supplement	Approved	Yes
Form	New Attorney Supplement	Approved	Yes
Form	Professional Liability Insurance Application for Law Firms	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Real Estate Supplement	XL SPLPL 125	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 125 03-06 Previous Filing #:		XL SPLPL12 5 1107 Real estate Supp.pdf
Approved	Estate/Trust Work Supplement126	XL SPLPL 126	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 126 08-03 Previous Filing #:		XL SPLPL12 6 1107 EstateTrust. pdf
Approved	Securities Supplement	XL SPLPL 127	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 127 08-03 Previous Filing #:		XL SPLPL12 7 1107 Securities.pd f
Approved	Professional Liability Insurance Renewal Application	XL SPLPL 128	11-07	Application/Binder/Enrollment	Replaced	Replaced Form #:0.00 XL SPLPL 128 03-06 Previous Filing #:		XL SPLPL12 8 1107 Renewal app all states.pdf
Approved	Copyrights/Patents/Trademark Supplement	XL SPLPL 129	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 129 08-03 Previous Filing #:		XL SPLPL12 9 1107 Copyright.pd f
Approved	Collection Work Supplement	XL SPLPL 130	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 130 08-03 Previous Filing #:		XL SPLPL13 0 1107 Collections Supp App.pdf
Approved	Claims Supplement	XL SPLPL 131	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 131 08-03 Previous Filing #:		XL SPLPL13 1 1107 Claims Supp App.pdf
Approved	Plaintiff Supplement	XL SPLPL 132	11-07	Other	Replaced	Replaced Form #:0.00 XL SPLPL 132		XL SPLPL13 2 1107

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					08-03	Plaintiff.pdf
					Previous Filing #:	
Approved	Outside Interest Supplement	XLSPLPL 11-07 133	Other	Replaced	Replaced Form #:0.00 XLSPLPL 133	XLSPLPL13 3 1107
					08-03	Outside
					Previous Filing #:	Interest.pdf
Approved	New Attorney Supplement	XLSPLPL 11-07 134	Other	Replaced	Replaced Form #:0.00 XLSPLPL 134	XLSPLPL13 4 1107 New
					08-03	Attorney.pdf
					Previous Filing #:	
Approved	Professional Liability Insurance Application for Law Firms	XLSPLPL 11-07 135	Application/Binder/Enrollment	Replaced	Replaced Form #:0.00 XLSPLPL 135	XLSPLPL13 5 1107 Full
					03-06	app all
					Previous Filing #:	states.pdf



REAL ESTATE SUPPLEMENT

REAL ESTATE PRACTICE BREAKDOWN

1. What percentage of real estate practice receipts for the current year and preceding year have come from the following areas:

		Current Year	Previous Year
a.	Purchase and Sale		
	Residential	_____ %	_____ %
	Commercial	_____ %	_____ %

Transactions on behalf of buyers or sellers, including negotiation and drafting of purchase agreements, option agreements, deeds and other closing documents, representation at closing and related activities.

What is the approximate number of transactions handled in the last 12 months?

Residential	_____	_____
Commercial	_____	_____

What was the largest value Real Estate Transaction in the last 12 months?

Residential	\$ _____	\$ _____
Commercial	\$ _____	\$ _____

Did any one commercial real estate client generate 10% or more of firm billings in the last 12 months?

☐ Yes ☐ No If yes, please attach a narrative description.

- | | | | |
|----|---|---------|---------|
| b. | Land Use/Development | _____ % | _____ % |
| | Representation of landowners, developers and others in zoning, subdivision, wetlands and other development and land use processes. | | |
| c. | Mortgages and Deeds | _____ % | _____ % |
| | Representation of lenders or borrowers in financing, refinancing or other real estate lending activities. Includes loan documentation. | | |
| d. | Foreclosures | _____ % | _____ % |
| | Foreclosure of mortgages, or trustee's sales under deeds of trust and other exercises of remedies in the event of default | | |
| e. | Landlord/Tenant | _____ % | _____ % |
| | Representation of landlords or tenants in drafting or negotiating lease terms. Includes litigation and eviction. | | |
| f. | Condominiums, Cooperatives and Town House | _____ % | _____ % |
| | representation of developers, associations, cooperative boards, or individuals in issues arising out of common ownership and common rights of property ownership. | | |
| g. | Property Valuation/Real Estate Tax Abatement | _____ % | _____ % |
| | representation of property owners before county/local agencies and courts in Proceedings to contest property Valuations or assessed value of real estate. | | |
| h. | Other (Please describe): | | |

Total must equal 100%	100%	100%
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TITLE WORK

2. Indicate the total number of title opinions issued over the past 2 years:

Commercial: _____ Residential: _____

3. Please indicate the total number of title searches completed over the past 2 years by:

a. Attorneys in your firm: _____ c. Non-attorneys but employees of your firm: _____
b. Attorneys not in your firm: _____ d. Non-attorney subcontractors: _____

If numbers are indicated in c. or d., do you obtain certificate(s) of insurance from all of your subcontracted sources of title searches? ☐ Yes ☐ No

4. How many Real Estate Title Insurance policies has the firm issued in the last 12 months? _____

5. Do you make use of engagement letter when doing title opinions or title searches, specifying who your clients is and what services you are performing for that client? ☐ Yes ☐ No

ENVIRONMENTAL REAL ESTATE

6. Does the Applicant's legal services in connection with a property transfer or leasing transaction include documented procedures to review and address issues such as:

- a. Whether the type of business in question creates or in the past may have created environmental issues and concerns? ☐ Yes ☐ No
- b. Whether any real or personal property owned, or leased now or in the past, or property to be procured is or is likely to be contaminated by hazardous matters (e.g., asbestos, lead, pcbs, etc.)? ☐ Yes ☐ No
- c. Whether any specific site locations owned or leased, operated now or in the past, or land or property to be acquired are located in, or contiguous to ecologically sensitive areas (such as wetlands, floodplains, aquifers, or conservations areas, etc.)? ☐ Yes ☐ No
- d. Whether any corporate entity connected to the client including all past and present subsidiaries, divisions and spin-offs has ever been fined, penalized, cited, or sued for violating any federal, state, or local environmental law or regulations?

7. Do you require:

- a. Research and analysis of potential real environmental risks before determination of price and other central terms and conditions? ☐ Yes ☐ No
- b. A thorough review with the client of the economic impacts of known environmental implications and potential advantages of further verification or qualifications of environmental risks, in property transfer or leasing transactions with potential material environmental exposure? ☐ Yes ☐ No

If "NO" to any of the above, are all clients advised in writing to see independent professional evaluations of potential environmental exposures? ☐ Yes ☐ No

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



ESTATE/TRUST WORK SUPPLEMENT

Complete this supplement only if a percentage of practice was listed in Estate/Trust on the Firm Profile section of the application.

1. List the Top Five largest Estates/Trusts to which the firm provided legal services in the previous 12 months: (Only to be completed if the value of any such Estates/Trusts have a value above (\$5 million).

Name	Attorney	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does any one Estate/Trust client account for 10% of an attorney's annual billings? ☐ Yes ☐ No

If yes:

- a. What services are provided for the client?

- b. Does work performed include business formation, management, or other business transactions? ☐ Yes ☐ No

3. Does your estate practice include a file review by a second attorney not involved in drafting on all new wills? ☐ Yes ☐ No

4. Does any attorney currently serve as Executor/Personal Representative of an estate or Trustee of a trust (not including family related matters)? ☐ Yes ☐ No

If yes, provide a list by attorney with: Name of Estate/Trust, approximate value, description of services provided.

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SECURITIES SUPPLEMENT

Securities related activities means securities or transactions which are subject to or exempt from the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Advisors Act of 1940 or State blue Sky or securities laws or any amendments thereto.

1. a. List the names of all lawyers engaged in securities and/or securities related activities:

Name	Position	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. Attach a description of the lawyers qualifications and expertise in this specialty, including any continuing legal education courses taken by these lawyers in the past three years with regard to this specialty.

2. a. State the gross income derived from securities and/or securities related activities:

Last 12 months \$ _____ Anticipated next twelve months \$ _____

- b. Does the Applicant accept securities in lieu of fees as payment for services rendered involving securities and/or securities related activities? If yes, please provide a detailed narrative.
- c. Does the Applicant have a policy prohibiting or restricting lawyers from investing with securities clients or otherwise entering into a business relationship (other than lawyer/client)? ☐ Yes ☐ No
- d. Does any lawyer have a business relationship (other than lawyer/client) with any person or entity other than those situations identified in the Outside Interest/Directors & Officers Supplemental Application? If yes, please provide a detailed narrative. ☐ Yes ☐ No

3. Attach a copy of the procedures utilized by the firm for screening new clients.

4. a. Does the applicant follow any established "due diligence" Procedures? ☐ Yes ☐ No
If yes, attach a copy of these procedures including any checklists utilized in conjunction therewith. If no, attach a detail description of steps taken to satisfy the "due diligence" requirements.

- b. Is a "cold review" of securities transactions by an uninvolved member of the firm required prior to release or signature? If no, explain by separate attachment. ☐ Yes ☐ No

5. Does the Applicant make recommendations as to the sale or purchase of any specific stocks, bonds or other securities related investments? If yes, please provide detailed narrative. ☐ Yes ☐ No

6. a. List on the Securities Schedule all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past 5 years.

- b. In addition to the transactions listed on the Securities Schedule is the Applicants involved in any other work involving securities or bond transactions? If yes, explain by separate attachment. ☐ Yes ☐ No

SECURITIES SCHEDULE

Please list all securities and bond transactions handled over the past 5 years.

DATE OFFERING COMMENCED	NAME OF ISSUER CITY, STATE	TYPE OF OFFERING (indicate) PR = Private Placement PUI = Public Initial Placement PU = Public Secondary Placement B = Bond (Private) SY = Syndication M = Municipal F = Financing	TYPE OF BUSINESS	DID FIRM RENDER TAX OPINION? Y/N	DATE OF ISSUER INCORPORATION OR FORMATION	DOLLAR SIZE OF OFFERING AND DESCRIPTOIN OF SECURITY	MONTHS AS A CLIENT	AFFILIATED W/ ISSUER Y/N?	APPLICANT LAWYERS INVEST? Y/N

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Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION FOR LAW FIRMS

Firm Name: _____ Contact Name: _____

Street Address: _____ City: _____ State: _____

Zip: _____ County: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

CURRENT	DESIRED
Limits: _____	Limits: _____
Deductible: _____	Deductible: _____
Policy # _____	Expiration Date of Current Policy: _____

Firm Profile:

Complete the Schedule of Lawyers section on Page 2 of 4 and supply a current sample of firm letterhead.

Number of _____ Attorneys _____ Of Counsel _____ Independent Contractors (lawyers) _____ Paralegals
_____ Clerks _____ Legal Secretaries _____ Law Clerks _____ Office Administrator _____ Other

1. Has your firm's name changed?.....☐ Yes ☐ No
If yes, complete Predecessor Firms section on Page 3 of 4.

2. Has your firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm?☐ Yes ☐ No
If yes, provide a detailed narrative.

3. In the last 12 months, how many attorneys have joined the firm? _____ departed from the firm? _____

4. What was your firm's revenue for the past 12 months? \$ _____

5. In the past 12 months, has your firm or any attorney in your firm:

- a. Handled the issuance, offering, or sale of securities or bonds? ☐ Yes ☐ No
- b. Served as a Director, Officer, Trustee, Partner, or Employee of any client of the firm?... ☐ Yes ☐ No
- c. Have a financial interest in a client of the firm?..... ☐ Yes ☐ No
- d. Maintain an equity interest in a Title agency?..... ☐ Yes ☐ No
- e. Handled class action or mass tort litigation?..... ☐ Yes ☐ No
- f. Been the subject of a bar complaint or disciplinary action?..... ☐ Yes ☐ No

If yes to any of the foregoing, please provide details.

6. In the past 12 months, have you filed any suits for fees against your clients? ☐ Yes ☐ No
If yes, please provide a narrative for each that includes (1) the name of the client, (2) the work performed, (3) the amount in dispute, (4) the steps taken to collect before filing suit, (5) whether the firm allowed the applicable statute of limitations to expire before filing suit, and (6) the outcome of each.

7. Please provide the percentage of each area of practice in which your firm engaged during the past 12 months. Note the combined total of your practice areas must equal 100%. **For each area of practice your firm engages in that is referenced by an *, please complete the appropriate supplement.**

- | | |
|--|---|
| <input type="checkbox"/> % Administrative Law | <input type="checkbox"/> % Guardianship/Juvenile |
| <input type="checkbox"/> % Admiralty Law | <input type="checkbox"/> % Immigration and Naturalization |
| <input type="checkbox"/> % Adoption Law | <input type="checkbox"/> % Insurance Defense |
| <input type="checkbox"/> % Arbitration/Mediation | <input type="checkbox"/> % Intellectual Prop (Patents, Copyrights & Trademarks)* |
| <input type="checkbox"/> % Bankruptcy | <input type="checkbox"/> % International Law |
| <input type="checkbox"/> % Business Transactions & Contracts | <input type="checkbox"/> % Labor – Management |
| <input type="checkbox"/> % Civil Rights and Discrimination | <input type="checkbox"/> % Labor-Union/Employee |
| <input type="checkbox"/> % Commercial Debt Collection/Repossession* | <input type="checkbox"/> % Local Government (not bonds) |
| <input type="checkbox"/> % Consumer Debt Collection/Repossession* | <input type="checkbox"/> % Mass Tort/Class Actions |
| <input type="checkbox"/> % Commercial Litigation-Defense | <input type="checkbox"/> % Natural Resources (Oil and Gas) |
| <input type="checkbox"/> % Commercial Litigation-Plaintiff | <input type="checkbox"/> % Personal Injury-Defendant |
| <input type="checkbox"/> % Construction/Building Contracts | <input type="checkbox"/> % Personal Injury-Plaintiff* |
| <input type="checkbox"/> % Corporate Administrative | <input type="checkbox"/> % Real Estate – Commercial* |
| <input type="checkbox"/> % Corporate & Business Organization | <input type="checkbox"/> % Real Estate – Residential* |
| <input type="checkbox"/> % Corporate Mergers and Acquisitions | <input type="checkbox"/> % Real Estate – Title/Abstracting* |
| <input type="checkbox"/> % Criminal | <input type="checkbox"/> % Securities* |
| <input type="checkbox"/> % Divorce-Marital Estate <\$1M | <input type="checkbox"/> % Social Security |
| <input type="checkbox"/> % Divorce-Marital Estate \$1M-\$5M | <input type="checkbox"/> % Taxation |
| <input type="checkbox"/> % Divorce-Marital Estate >\$5M | <input type="checkbox"/> % Wills, Trusts & Estates <\$1M* |
| <input type="checkbox"/> % Environmental Law | <input type="checkbox"/> % Wills, Trusts & Estates \$1M-\$5M* |
| <input type="checkbox"/> % Entertainment | <input type="checkbox"/> % Wills, Trusts & Estates > \$5M* |
| <input type="checkbox"/> % ERISA/Employee Benefits | <input type="checkbox"/> % Workers Compensation – Defense |
| <input type="checkbox"/> % Financial Institutions/Banking | <input type="checkbox"/> % Workers Compensation – Plaintiff |
| <input type="checkbox"/> % Government Contracts and Claims | <input type="checkbox"/> % Other: _____ |

8. In the past 12 months, how many claims or potential claims have been alleged against attorneys in your firm? _____
For each, please complete a Claims supplement.

9. In the past 12 months have there been any changes to the status (settlement, award, dismissal, etc.) of claims previously reported to carriers other than XL Insurance?..... ☐ Yes ☐ No
If yes, please provide an update using a Claims Supplement.

Attach additional sheet if necessary.

SCHEDULE OF LAWYERS

	Name	Social Security Number	Designation	OC/IC/R Billable Hours (Annual)	Date of Hire (mo/day/yr)	Date Admitted to Bar (mo/day/yr)	CLE Hrs.*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel (supply annual hours worked for firm)
P – Partner IC – Independent Contractor (supply annual hours worked for firm)
S – Shareholder R – Retired Partner (supply annual hours worked for firm)
A – Associate

*Provide number of CLE hours devoted to ethics, professionalism, or law firm risk management in the last 12 months.

Predecessor Firms:

List all firm name changes and the date of change.

List all Predecessor Firms and their dates of existence.

Predecessor Firms mean any firm no longer in existence for which the applicant firm obtained a majority interest in such Predecessor Firm's assets and liabilities.

	Name of Firm	Dates of Existence
1		
2		
3		
4		
5		

Attach additional sheet if necessary.

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **Notice to Arkansas Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Notice to Pennsylvania Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and civil penalties.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm, including the application, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon by the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

Signed:_____ Title:_____

Print name:_____ Date:_____

Agent Name_____ License Number_____

COPYRIGHTS/PATENTS/TRADEMARKS SUPPLEMENT**AREAS OF PRACTICE**

1. Please provide a breakdown of your practice based on gross billable income by showing the percentages for each of the following:

- | | | | |
|-------------------------------------|---------|-------------------------------------|---------|
| a. Domestic Patent Prosecution | _____ % | e. Patent Infringement | _____ % |
| b. Foreign Patent Prosecution | _____ % | f. Trademark/Copyright Registration | _____ % |
| c. Intellectual Property Litigation | _____ % | & Licensing | |
| d. Patent Filings and Searches | _____ % | g. Other (Describe) | _____ |

INDUSTRY AREAS

2. Industry Areas. Please provide a breakdown of your intellectual property practice by showing the percentages based on gross billable income derived from intellectual property matters within the following industries:

- | | | | |
|-----------------|---------|---------------------|---------|
| a. Biotechnical | _____ % | f. Mechanical | _____ % |
| b. Chemical | _____ % | g. Pharmaceutical | _____ % |
| c. Computer | _____ % | h. Other (Describe) | _____ % |
| d. Electric | _____ % | | |
| e. Industrial | _____ % | | |

CLIENTS

3. Please list the largest (billings) 3 copyright/patent/trademark clients of the firm.

Name	Type of Business	Work Performed	Annual Billings
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

4. Provide the percentage breakdown of the firm's clients by size (estimate).

Fortune 500 _____ % Mid-Sized Companies _____ % Small Companies/Entrepreneurs _____ %

FIRM PROCEDURES

5. a. When undertaking a patent search, do you require the use of an engagement letter which details the nature, scope, and limitations of a proposed patent search? ☐ Yes ☐ No
- b. When an engagement is completed, do you always send termination letters? ☐ Yes ☐ No
- c. For foreign patent filings, is the client made aware of the deadlines for these filings and the requirements to complete the filing? ☐ Yes ☐ No
- d. If the client is responsible for payment of annuities, maintenance fees or taxes, or if authorization is necessary, are notices of required payments sent well in advance of the due date? ☐ Yes ☐ No

- e. Do you maintain a calendar or docketing system to record, monitor and comply with filing deadlines and other time limitations in connection with securing patents? ☐ Yes ☐ No
- f. Please describe your procedures to ensure that the client is notified of all such deadlines and other time limitation: _____

- g. Does your firm have a policy regarding "last minute" client filing requests? ☐ Yes ☐ No
If "Yes," describe: _____

- h. Does your process include a written warning (to clients) of the consequences of failing to file within deadlines? ☐ Yes ☐ No
- i. Do you engage the services of a third party to carry out patent searches? ☐ Yes ☐ No
If "Yes," indicate how frequently, under what circumstances and whether third parties have own insurance or a hold harmless agreement in place: _____

- j. When rendering an opinion as to the results of a patent search, do you qualify the opinion in writing with reference to the nature, scope, and limitations of the search conducted? ☐ Yes ☐ No
- k. Has your firm litigated any matters for which it handled the underlying patent/copyright/trademark matter? ☐ Yes ☐ No
6. Please provide a description of the firm's procedures for new client approval.

- Are these procedures written in a company manual or risk management guide? ☐ Yes ☐ No
- Does firm allow representation of individual inventor/employees of corporate or university clients? ☐ Yes ☐ No
7. Has the firm accepted equity interest in a client in lieu of fees? ☐ Yes ☐ No
If yes, provide a separate sheet describing the following:
- Under what circumstances will the firm accept equity in lieu of fees?
 - What is the approval process if a lawyer wishes to accept equity in lieu of fees?
 - Provide a list of clients in which you have accepted equity including the percentage of equity interest held in the client.
8. Does the firm have a peer review procedure? ☐ Yes ☐ No
9. Describe how the work of associates is supervised:

10. Does the firm employ contract attorneys? ☐ Yes ☐ No
If yes, describe how their work is supervised:

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

COLLECTION WORK SUPPLEMENT

This supplement is to be completed if the Applicant indicated activity in the Collection area of practice from question number 16. of the Law Firm Application. If necessary, attach an additional sheet to fully answer all questions.

1. During the past three (3) years:
 - a. How many lawyers have done collection work? _____
 - b. Approximately how many individual consumer debtors have been contacted by phone, letter or otherwise by anyone employed by or in any way affiliated with the Applicant firm? _____
2. During the past three (3) years have you allowed any collector, collection agency, or any other party to use your law firm name or any lawyer's names in collection-related matters? ☐ Yes ☐ No

If yes, please explain: _____

3. During the past three (3) years, have you provided any advice or opinions to any party relative to implementation of any debt collection procedure, collection letter or other collection activity would be in compliance with the Federal Fair Debt Collection Practices Act or similar state or federal regulation?
☐ Yes ☐ No

If yes, please explain: _____

4. What steps do you take to assure that all Collection letters the firm sends are in compliance with the Federal Fair Debt Collection Practices Act? Please explain: _____

5. What steps do you take to assure that all Lawyers in the firm remain current with the changes in the Federal Fair Debt Collection Practices Act? Please explain: _____

6. Within the past three (3) years, has any present or past lawyer had any ownership interest in any kind of collection agency? ☐ Yes ☐ No
7. Has the firm executed any indemnity agreements with clients (for which you are doing collections work) which would indemnify or hold the client harmless for any violation of the Federal Fair Debt Collection Practices Act provisions related to the collections work? ☐ Yes ☐ No

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Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

CLAIMS SUPPLEMENT

Applicant: _____

Please complete one supplement for each claim, incident, or grievance. Attach additional sheets for descriptions as necessary.

1. Name of individuals of the firm involved in the claim: _____

2. Other Defendants: _____

3. Name of actual/potential claimant: _____

4. Check whether: ☐ incident ☐ claim ☐ lawsuit ☐ disciplinary action/grievance

5. Date of claim/incident/grievance: _____

6. Date reported to your insurance company: _____ Insurance Company: _____

7. Current Status: ☐ Open ☐ Closed ☐ Incident Report Only (no reserve or expense paid)

Expense/loss paid by firm within deductible: _____

Defense expense paid by insurance company _____ Current expense reserve: _____

Loss paid by insurance company: _____ Current loss reserve: _____

8. Clearly describe the legal work performed for your client: _____

9. Did your engagement agreement limit the scope of representation as described above? ☐ Yes ☐ No
If "No," why not? _____

10. Clearly describe the allegation against your firm upon which the claim is based _____

11. What is the firm's response/defense to this allegation: _____

12. What steps have been taken to prevent similar occurrences in the future? _____

13. Does this claim/incident result from an action to collect fees? ☐ Yes ☐ No

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Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only (excluding worker's compensation plaintiff's work).

1. Have you advertised during the past 12 months through any of the following:

Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newspaper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow Pages	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of personal injury cases during the past 12 months: _____

3. Average number of personal injury cases each attorney handles per year _____

4. Percentage of cases:
Settled before trial? _____% Cases tried to conclusion? _____%
Referred to you by other law firms? _____%

5. Do you use written referral agreements in all cases which are referred to you? ☐ Yes ☐ No

6. Do you use written referral agreements all cases which are referred to you? ☐ Yes ☐ No

7. Do you obtain certificates of insurance in all cases which are referred out? ☐ Yes ☐ No

8. Do you use Settlement Authority Agreement forms (signed by your client) when settlements are reached?
☐ Yes ☐ No

9. Average dollar value of cases:

<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,000 – \$100,000	<input type="checkbox"/> \$100,001 - \$500,000
<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> Other _____	

10. What percentage of your plaintiff case are:

_____ % Class Action Suit	_____ % Legal Malpractice	_____ % Automobile Accident
_____ % Medical Malpractice	_____ % Product Liability	_____ % Slip and Fall
_____ % Other _____		

11. With respect to your answer in question 10., please state the maximum dollar value of anyone case:

_____ % Class Action Suit	_____ % Legal Malpractice	_____ % Automobile Accident
_____ % Medical Malpractice	_____ % Product Liability	_____ % Slip and Fall
_____ % Other _____		

12. Percentage of recovery your firm takes as fee: _____

13. Please attach a description of any class action litigation the firm has handled in the last three (3) years.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

OUTSIDE INTEREST SUPPLEMENT

Please complete this Supplement if any attorneys serve, or have served, in the past 36 months, as a Director, Officer, Trustee, Partner or Employee of any client of the firm. If additional Supplements are needed please photocopy this supplement.

Attorney's Name	Name of Organization City/State	Nature of Clients Business	Profit or Non- Profit	Date of Affiliation	% of Firm Billings	% of Attorney Billings	% of Equity Interest	Position(s) Held	Legal Services Provided

1. Does your firm always disclose in writing to the client, all actual or potential conflicts of interest which may result from the firm's attorney(s) acting as a Director, Officer, Employee, Fiduciary, or by having a financial interest in the client or entity other than the Applicant firm?

☐ Yes ☐ No

If no, please explain: _____

2. Does your firm maintain guidelines for practice and procedure between those attorneys serving as Directors or Officers or having financial interest in any client of the firm and those attorneys providing legal services?

☐ Yes ☐ No

If no, please explain: _____

3. Are any claims pending against you in your capacity as an Officer, Director etc.

☐ Yes ☐ No

4. In the past three years, how many claims have been made against all Director(s)?

5. Do you maintain Director and Officer Insurance?

☐ Yes ☐ No

If yes, please attach a copy of the Declarations page and any endorsements affecting coverage.

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Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



NEW ATTORNEY SUPPLEMENT

Firm Name: _____ XL Insurance Policy Number: _____

Please Note that requests for lateral coverage must be approved and are not effective unless the policy is endorsed with such coverage. This form must be completed when any attorney joins the firm and is subject to underwriting review and acceptance.

Name of New Attorney: _____ Requested Effective Date of coverage: _____

THE FOLLOWING QUESTIONS MUST BE COMPLETED BY AN OWNER, OFFICER OR PARTNER OF THE FIRM:

1. Please indicate the projected annual billable hours for the New Attorney: _____
2. What will be the New Attorney's area of practice? (Please list the area of the percentage of time devoted to each area): _____
Please complete the appropriate supplement if the New Attorney will be handling matters from any of the following areas: Intellectual Property (Copyright/Patent/Trademark); Collections; Plaintiff (Including Class Actions and/or Mass Torts); or, Real Estate.
3. **Check one of the following:** (Note, this question **must** be answered for the underwriting process to continue.)

- ☐ The Named Insured requests to extend coverage for services rendered while this attorney was associated with any prior law firm(s). **A premium assessment may be made for any extension of coverage.**

If selected, please enter the requested individual's prior acts date: _____

Please provide proof of coverage from the requested date to the current date.

- ☐ Coverage is requested only for services provided on behalf of the Named Insured. (Coverage will be afforded for services provided effective date of hire. There will be NO individual prior acts for the added attorney).

THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE NEW ATTORNEY:

4. a. Position in Firm (**check one**): ☐ Officer/Director ☐ Shareholder ☐ Partner
☐ Employed Attorney ☐ Of Counsel ☐ Independent Contractor
- b. Date of Birth: _____ Date of Hire: _____ Date Admitted to Bar: _____
- c. Have you ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action against you by any court or administrative agency? ☐ Yes ☐ No
If yes, please provide details, including dates and current status.
- d. **If you are an Of Counsel or Independent Contractor Attorney, please answer the following questions:**

What is the projected number of weekly hours you will spend working on behalf of the Named Insured?

Do you carry your own individual professional liability coverage?

☐ Yes ☐ No

If yes, please provide proof of coverage.

5. a. Prior Professional Liability Insurance History:

Name of Prior Firm	Dates of Employment	Position O/D, S, P, A, OC, IC	Professional Liability Carrier	Is Firm Still in Existence?	Can you confirm Continuous Coverage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Was an Extended Reporting Period (ERP) endorsement purchased for any firm named above?

☐ Yes ☐ No If yes, Carrier: _____
Effective Dates from: _____ to _____

c. How many years have you been continuously insured by an Attorneys professional Liability Insurance Policy? _____

d. Have you ever had any application for Attorneys Professional Liability Insurance declined, cancelled or nonrenewed? ☐ Yes ☐ No **(Missouri applicants need not respond)**

If yes, please provide details, including name of Carrier, dates and reason for this action.

6. Are you an Employee of any organization other than the Named Insured? ☐ Yes ☐ No

If yes, please provide details: _____

7. a. Do you serve, or have you served, in the past 36 months, as a Director, Officer, Trustee, Partner, or Employee of any client of the firm? ☐ Yes ☐ No

b. Do you have a financial interest in any client of the firm? ☐ Yes ☐ No

If yes to "a" or "b", please call your agent for the Outside Interest Supplement.

8. Have you, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? ☐ Yes ☐ No

If yes, please call your agent for the Securities/Bonds Supplement.

9. Do you serve, or have you served, in the last five years, as a Director, Officer, Trustee, Partner, or Employee of any financial institution? ☐ Yes ☐ No

10. a. How many claims, incidents, demands and/or disciplinary matters, have been reported to you in the last five years? _____

b. How many incidents, circumstances, errors, omissions or offenses, which may result in a claim being made against you or your firm, are you now aware of (that you have not indicated in 10. a.)? _____

Please enter a numeric answer and complete supplemental for each claim or incident referred to in Question 10.

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the XL Insurance Company and made a part of this Application:

1. Will be relied upon by the XL Insurance Company in determining the acceptability of the prospective Named Insured and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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Signed: _____
Partner, Officer and/or Owner

Date: _____

Signed: _____
New Attorney

Date: _____



PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR LAW FIRMS

Firm Name: _____ Contact Name: _____
Street Address: _____ City: _____ State: _____
Zip Code: _____ County: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Website: _____
Limits Requested: _____ Deductible Requested: _____ Effective Date: _____

Firm Profile:

Complete the Schedule of Lawyers section on Page 6 of 6 and supply a current sample of firm letterhead.

Number of: _____ Attorneys _____ Of Counsel _____ Independent Contractors (lawyers) _____ Clerks
_____ Paralegals _____ Legal Secretaries _____ Law Clerks _____ Office Administrator _____ Other

1. On what date was your firm established (include all predecessor firms if applicant firm has assumed the majority of assets/liabilities of such predecessor firms)? _____/_____/_____
2. Has your firm's name changed?..... ☐ Yes ☐ No
If yes, complete Predecessor Firms section on Page 6 of 6.
3. Has your firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm? ☐ Yes ☐ No
If yes, provide a detailed narrative.
4. Does your firm share with another firm:
a. Office Space? ☐ Yes ☐ No
b. Letterhead? ☐ Yes ☐ No
c. Support Staff? ☐ Yes ☐ No
d. Cases? ☐ Yes ☐ No

If yes to any of the above, provide a detailed narrative on your firm's letterhead.

5. In the last 12 months, how many attorneys have joined the firm? _____ departed from the firm? _____
6. What was your firm's revenue for the last 12 months? \$_____ in the 12 months before that? \$_____
7. List the earliest date from which your firm (including predecessor firms) has had uninterrupted "claims made" coverage.
_____/_____/_____
8. Has your firm or predecessor firm ever had a gap in coverage?..... ☐ Yes ☐ No.
If yes, please provide a detailed narrative on your firm's letterhead.
9. Does your current policy include a prior acts exclusion or retroactive date for the firm? ☐ Yes ☐ No
If yes, provide the firm's Retroactive Date: _____/_____/_____ and a copy of the endorsement or the Declarations page that documents this date.
10. Please provide the following information about your firm's professional liability insurance for the previous 5 years.

Insurance Company	Policy Period	Limits/Deductible	Premium	No. of Attorneys

11. Describe your firm's system of calendar control and maintenance.

12. Describe your firm's system for identifying and avoiding conflicts of interest.

13. Does your firm have a written Risk Management Program? ☐ Yes ☐ No. If yes, how is it enforced?

14. Client Communications (Indicate percentage of use; if not used by firm, indicate 0%; **all blanks should be answered**):

	<u>Estimate</u>
a. Engagement letters on new matters presented to the firm	_____ %
If used:	
Do they clearly define who is being represented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they define the specific services to be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they describe billing rate and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you audit files to make sure they are used by all attorneys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Written fee agreement outlining the firm's billing procedures	_____ %
c. Declination or non-engagement letters on new matters that will not be undertaken	_____ %
d. Scope of service letters or engagement letters for new matters of existing clients	_____ %
e. Settlement Authority letters (when applicable)	_____ %
f. Termination or disengagement letters when completing or terminating representation	_____ %

15. Approximately, what was the single highest value case or transaction the firm has handled in the last 12 months (not in terms of revenue to your firm, but rather the case or transaction itself)? \$ _____

16. Please provide the percentage of each area of practice in which your firm has engaged during the past 12 months. Note the combined total of your practice areas must equal 100%. **For each area of practice your firm engages in that is referenced by an *, please complete the appropriate supplement available from your broker.**

____ % Administrative Law	____ % Guardianship/Juvenile
____ % Admiralty Law	____ % Immigration and Naturalization
____ % Adoption Law	____ % Insurance Defense
____ % Arbitration/Mediation	____ % Intellectual Prop (Patents, Copyrights & Trademarks)*
____ % Bankruptcy	____ % International Law
____ % Business Transactions & Contracts	____ % Labor - Management
____ % Civil Rights and Discrimination	____ % Labor-Union/Employee
____ % Commercial Debt Collection/Repossession*	____ % Local Government (not bonds)
____ % Consumer Debt Collection/Repossession*	____ % Mass Tort/Class Actions
____ % Commercial Litigation-Defense	____ % Natural Resources (Oil and Gas)
____ % Commercial Litigation- Plaintiff	____ % Personal Injury-Defendant
____ % Construction/Building Contracts	____ % Personal Injury-Plaintiff*
____ % Corporate Administrative	____ % Real Estate – Commercial*
____ % Corporate & Business Organization	____ % Real Estate – Residential*
____ % Corporate Mergers and Acquisitions	____ % Real Estate – Title/Abstracting*
____ % Criminal	____ % Securities*
____ % Divorce-Marital Estate <\$1M	____ % Social Security
____ % Divorce-Marital Estate \$1M-\$5M	____ % Taxation
____ % Divorce-Marital Estate >\$5M	____ % Wills, Trusts & Estates <\$1M*
____ % Environmental Law	____ % Wills, Trusts & Estates \$1M-\$5M*
____ % Entertainment	____ % Wills, Trusts & Estates > \$5M*
____ % ERISA/Employee Benefits	____ % Workers Compensation – Defense
____ % Financial Institutions/Banking	____ % Workers Compensation – Plaintiff
____ % Government Contracts and Claims	____ % Other: _____

17. Does any one client account for 10% or more of your firm's annual billings? ☐ Yes ☐ No **If yes, please name the client(s), the client's percentage of your firm's annual billings, and list the services your firm provides them.**
-
-
-
18. In the past 5 years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either, with regard to the issuance, offering or sale of securities or bonds? ☐ Yes ☐ No. **If yes, please complete the Securities supplement.**
19. In the past 3 years has any attorney in your firm served as a Director, Officer, Trustee, Partner, or Employee of any clients of the firm? ☐ Yes ☐ No. **If yes, please complete the Outside Interest supplement.**
20. Do any of your attorneys have a financial interest in any client of the firm? ☐ Yes ☐ No. **If yes, please complete the Outside Interest supplement.**
21. In the past 5 years, has anyone in your firm served as a Director, Officer, Trustee, Partner, or Employee of a Financial Institution? ☐ Yes ☐ No. **If yes, please complete the Outside Interest supplement.**
22. Does anyone affiliated with your firm maintain any equity interest in a Title Agency? ☐ Yes ☐ No. If yes, does the Title Agency have separate Title Agency professional liability coverage? ☐ Yes ☐ No
23. In the past 3 years, has any attorney in your firm handled any class action or mass tort litigation? ☐ Yes ☐ No. **If yes, provide a narrative (1) describing the class action or the mass tort litigation, (2) the capacity in which your attorney was involved in the case, (3) the size of the class, and (4) the amount of money involved.**
24. Please describe your firm's policy regarding collection of your fees from clients.
-
-
-
25. a. In the past 3 years, how many times have you sued, or entered into arbitration with, your clients to collect your fees? _____ **If more than 3 fee suits, please provide a narrative for each that includes (1) the name of the client, (2) the work performed, (3) the amount in dispute, (4) the steps taken to collect before filing suit, (5) whether the firm allowed the applicable statute of limitations to expire before filing suit, (6) what steps did the firm take to avoid countersuits, (7) the outcome of each, and (8) what steps has the firm taken to avoid suing clients for fees in the future.**
- b. In the past year, how many outstanding clients bills have you sent to a collection agency? _____. If more than 3 files were sent to collection, answer the questions 1 – 8 in Question 25 a.
26. Does any member of your firm currently suffer from an impairment that might hinder their professional ability to provide competent, courteous, timely legal services? ☐ Yes ☐ No. **If yes, please describe the impairment.**
-
-
27. If you are a sole practitioner, please give name and contact information for the attorney who will handle your cases in the event of your incapacitation or vacation? _____
-
28. In the past 5 years, has any attorney associated with your firm been the subject of a bar complaint or disciplinary action? ☐ Yes ☐ No.
If yes, please complete a Claims supplement.
29. In the past 5 years, how many claims have been alleged against attorneys in your firm (past and present)? _____
For each claim, please complete a Claims supplement.

30. Are you or any member of your firm aware of any incident, act, error, or omission that may result in a claim or disciplinary action being brought against you, which you have not mentioned in questions 28 or 29? ☐ Yes ☐ No. **If yes, please complete a claim supplement.**

Will you report this to your current insurer? ☐ Yes ☐ No

Please note that any such matter will not be covered by a subsequently issued claims-made policy.

SCHEDULE OF LAWYERS

	Name	Social Security Number	Designation	OC/IC/R Billable Hours (Annual)	Date of Hire (mo/day/yr)	Date Admitted to Bar (mo/day/yr)	CLE Hrs.*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel (supply annual hours worked for firm)
P – Partner IC – Independent Contractor (supply annual hours worked for firm)
S – Shareholder R – Retired Partner (supply annual hours worked for firm)
A – Associate

*Provide number of CLE hours devoted to ethics, professionalism, or law firm risk management in the last 12 months.

Predecessor Firms:

List all firm name changes and the date of change.

List all Predecessor Firms and their dates of existence.

Predecessor Firms mean any firm no longer in existence for which the applicant firm obtained a majority interest in such Predecessor Firm's assets and liabilities.

	Name of Firm	Dates of Existence
1		
2		
3		
4		
5		

Attach additional sheet if necessary.

SUPPLEMENTAL APPLICATIONS ARE AVAILABLE FROM YOUR BROKER

Notice to Arizona Applicants: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Notice to Arkansas Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or

misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. **Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Notice to Pennsylvania Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **WARNING – Kentucky, New Jersey, New Mexico, New York, Ohio residents only:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and civil penalties.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

<i>SERFF Tracking Number:</i>	<i>XLAM-125388250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Greenwich Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>07GD-XL-PL03-MU-AR-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Other Liability</i>		
<i>Project Name/Number:</i>	<i>Lawyers Professional Liability Rate & Form Filing/07GD-XL-PL02-MU-AR-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125388250 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 07GD-XL-PL03-MU-AR-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Other Liability
Project Name/Number: Lawyers Professional Liability Rate & Form Filing/07GD-XL-PL02-MU-AR-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/17/2007

Comments:

Attachments:

NAIC Transmittal-Rates.pdf
Form Filing Schedule pg 1.pdf
Form Filing Schedule pg 2.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Greenwich Insurance Company	DE	22322	95-1479095	

5. Company Tracking Number	07GD-XL-XP02-MU-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia Pollard 1201 N. Market, Suite 501 Wilmington, DE 19801	Senior State Filings Analyst	302-661-7059 866-304-3079	302-778-4190	Patricia.Pollard@xlgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Patricia Pollard

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Lawyers Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3/1/2008 Renewal: 3/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

20. This filing transmittal is part of Company Tracking #	07GD-XL-XP03-MU-AR
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Greenwich Insurance Company is hereby submitting rule revisions for its Lawyers Professional Liability Program. This filing revises our previous filing 06GD-XL-XP02-MU-AR-R approved effective September 20, 2006.

The Increased Limit Factor is being filed for limits from \$6 million to \$10 million. Please see the attached Actuarial Memorandum for additional information.

A corresponding form revision filing is being submitted under our file number 07GD-XL-XP03-MU-AR-F

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PC TD-1 pg 2 of 2
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Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07GD-XL-PL03-MU-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Real Estate Supplement	XLSPPLPL 125 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 125 03/06	
02	Estate/Trust Supplement Work	XLSPPLPL 126 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 126 8/03	
03	Securities Supplement	XLSPPLPL 127 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 127 8/03	
04	Professional Liability Insurance Application Renewal	XLSPPLPL 128 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 128 3/06	
05	Copyrights/Patents/ Trademark Supplement	XLSPPLPL 129 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 129 8/03	
06	Collection Work Supplement	XLSPPLPL 130 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 130 8/03	
07	Claims Supplement	XLSPPLPL 131 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 131 8/03	
08	Plaintiff Supplement	XLSPPLPL 132 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 132 8/03	
09	Outside Interest Supplement	XLSPPLPL 133 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 133 8/03	
10	New Attorney Supplement	XLSPPLPL 134 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPPLPL 134 8/03	

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07GD-XL-PL03-MU-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Professional Liaibility Insurance Application for Law Firms	XLSPLPL 135 11/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	XLSPLPL 135 03/06	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		